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Philadelphia 333 Market Street

An Inaugural Essay

on Paper March 5th 1828

Structures of the Uterus

for

The degree of Doctor of Medicine

in

The University of Pennsylvania

by

Francis R. Gregory

Philad: Augt 30th 1827. of Virginia

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Strictures of the Urethra

This disease has been defined by Mr Samuel Cooper to be a preternatural diminution of the diameter of a part of the urethral canal, a contraction of the whole never taking place.

By Mr Hunter strictures have been divided into permanent, permanent attended with spasm, and spasmodic. The permanent stricture depends upon an organic alteration of the structure of the canal of the urethra. The spasmodic stricture, of course is said to consist in a spasmodic contraction of the muscles around the canal; but by Mr Hunter, Sir Edward Home, Stoepp, Whately and others it is supposed to depend on the minuteness of the urethra itself. Though anatomists have been unable to detect any distinct muscular fibres in the urethra of man, yet in some of the

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lower order of animals, as the horse they are
apparent.

Although there is great auth-
ority on each side of the question, which
as yet remains unsettled, yet I am disposed
to believe that the canal itself possesses some
degree of muscularity. This opinion is sup-
ported by the following facts. It is well known
that after a bougie has been suffered to
remain in the urethra for some time,
it is withdrawn with much more
difficulty than if it were withdrawn
instantly. And it will be evident that
it cannot depend on the muscles of the
perineum, as the canal contracts firm-
ly around the bougie even to its extre-
mities. There is not only more difficulty
in withdrawing it, but also in reintro-
ducing it.

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Mr. C. Bell has made an experiment, which he thinks is sufficient to prove that the urethra ~~possesses~~ no muscularity. He introduced an iron ball into the urethra of a patient who was unable to expell or retain it. This experiment I think would rather tend to prove that the urethra ~~possesses~~ muscularity, than that it did not; for if it ~~possesses~~ no muscularity and the muscles of the perineum were excited, they would contract and expel the ball. But the urethra itself contracting both before and behind the ball, it would necessarily remain stationary. Bell also says there was no difficulty in withdrawing the ball; I have never performed the experiment with an iron ball, but I am confident that anyone will admit, that there is always more or less difficulty in withdrawing a bougie, if allowed to remain in the urethra for any time. If Mr. Bell

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had performed the experiment with any success
as of a conical shape, when the muscles
by contracting would act on it on my side
so as to cause its propulsion, I think, he would
have been convinced of this fact.

Wishing to
satisfy myself as regards this experiment, I
passed a thread through a piece of wood
was about the size of the canal of the
earthenware, this was made into a round
ball, and introduced as far up the earthen
as I thought was necessary. The patient
was unable to expel it, but contrary to the
experiment of Mr Bell I found some diffi-
culty in withdrawing it, and was very
much afraid that the thread which was
attached to the wad would not be sufficiently
strong for this purpose. After this I
selected another piece of the hardest wad I

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contra prosser, and having made it into a conical shape introduced it, at first, about 4 inches. I found that there was considerable difficulty in pushing it forward, and as soon as the force was taken off, the way was gradually expell'd. I then shortened the piece of wax and carried it down into the urethra about two inches, with the same result as in the second case.

These experiments

I think are sufficient to prove that the urethra possesses contractility; But as this seems to modify the pathology and treatment so little, I shall say no more of it. The causes of stricture are such as produce irritation or inflammation in the mucous coat of the urethra. This inflammation sometimes extends to the skin coats; and thus causes the effusion of lymph.

which constitutes stricture

Gonorrhoea is no doubt one of the most common causes of this disease. And many of the cases which are supposed by the patient to be nothing more than a glid or chronic gonorrhoea, are really strictures. This mistake is generally caused by the appearance of the discharge proceeding from stricture, which so closely resembles that of a glid or chronic gonorrhoea that it cannot be distinguished. Not to gonorrhoea, the stimulating injections used in the cure of that disease are the most common cause.

In one case which I saw, three strictures were produced by one injection of Nitras Algent. This patient wishing to cure his disease at once, and without any trouble, being

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the length of the inflammatory stage
resorted to this injection; after using it, he com-
plained of a burning sensation along the
urethra and in the perineum. Supposing
that he had thrown the injection too high
up, he was desirous to inject a cold thin
solution of gum arabic. The patient
had been in the habit of using an ivory
syringe with a very long pipe, on attemp-
ting to introduce it to throw up this injec-
tion, he was unable to carry it as far
into the urethra, as he had formerly done
thinking that there might be a stricture
a very longue was introduced, and it was
found that there were three strictures
one about 2 inches from the orifice, one about
and one about 5 yds.

On removal of the
syringe a calculus along the urethra.

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blisters on the prepuce, enlarged prostate,
hyper indulgence in, smug, and an flesh
any thing which will give irritation in the
canal will cause stricture.

Structures are
said to be more common in men
than cold climates. What is the cause of
this, I think, has not been satisfactorily
explained. It is supposed to be owing to
the great indulgence & excesses of which
the inhabitants are too often guilty.

Symptoms. The symptoms of this disease
so closely resemble many others of the urin-
ary organs, that without an examination
it is almost impossible to distinguish it.
The symptoms are generally divided into
constitutional and local. The constitu-
tional, are disengagement of the sensitive
organs, great irritability of the general

system, mind often very much affected,
sometimes severe chills, followed by fever
and profuse sweats.

In common cases
where there is not much local irritability
few of these general symptoms are
~~present~~. But in some cases the irritabil-
ity of the general system is so great
as to destroy the patient.

Patients who have
strictures are said to be very liable to colds.
This may be the case in greater number
of instances, but in the few which I
have seen, though the patients used
no precaution to guard against it,
they have never suffered the least from it.

The local symptoms are a discharge
of purulent matter from the urethra, which
in some cases seems to take place periodi-

•cally, bring much more profuse at some times than at others, a frequent desire to make water, and sometimes an involuntary discharge of it. The urine passes off in a form according to the nature and number of the strictures, either in drops, in forked, wavy or twisted stream and in one instance, which I saw, it passed out in three or four different streams, resembling water poured from a watering pot. The stream is generally smaller during erection. Nocturnal emissions are very frequent, and in some cases as painful as the urina, as in the most inflammatory stage of gonorrhœa and most painful immediately after withdrawing the tongue. There is also great uneasiness about the anus and perineum, and especially of the posterior

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be costive, owing to the irritation produced by the hardened fons. The patient in bad cases is unable to crost his legs, and generally feels a tickling pain in the perineum, resembling the prickling of pins; sometimes this is felt in the urethra also.

It is surprising, what an effect an indulgence in eating or drinking, will have on this disease. If the patient indulge himself even in fermented liquors, he will suffer severely for his indiscretion. I have seen a temporary suspension of wine, produced by one glass of ale.

If the patient indulge himself in constipation, from the contraction of the canal, during this act it is impossible to expel the semen, which, on this account, regurgitates into the bladder, and remains there until the urethra is relaxed, and the patient passes

the first time I have ever seen it
was up in your house in a
windy day in May and had a big
wet peacock tail full of feathers
and when I saw it I was very
surprised at how large and
handsome it was. It was
about 18 inches long and
had a long tail of feathers
about 12 inches long and
the feathers were very
large and very colorful.
The feathers were very
large and very colorful.

his urine. This is said to aggravate the disease
from the stricture; lessening the power of
relaxing, itself after this contraction.

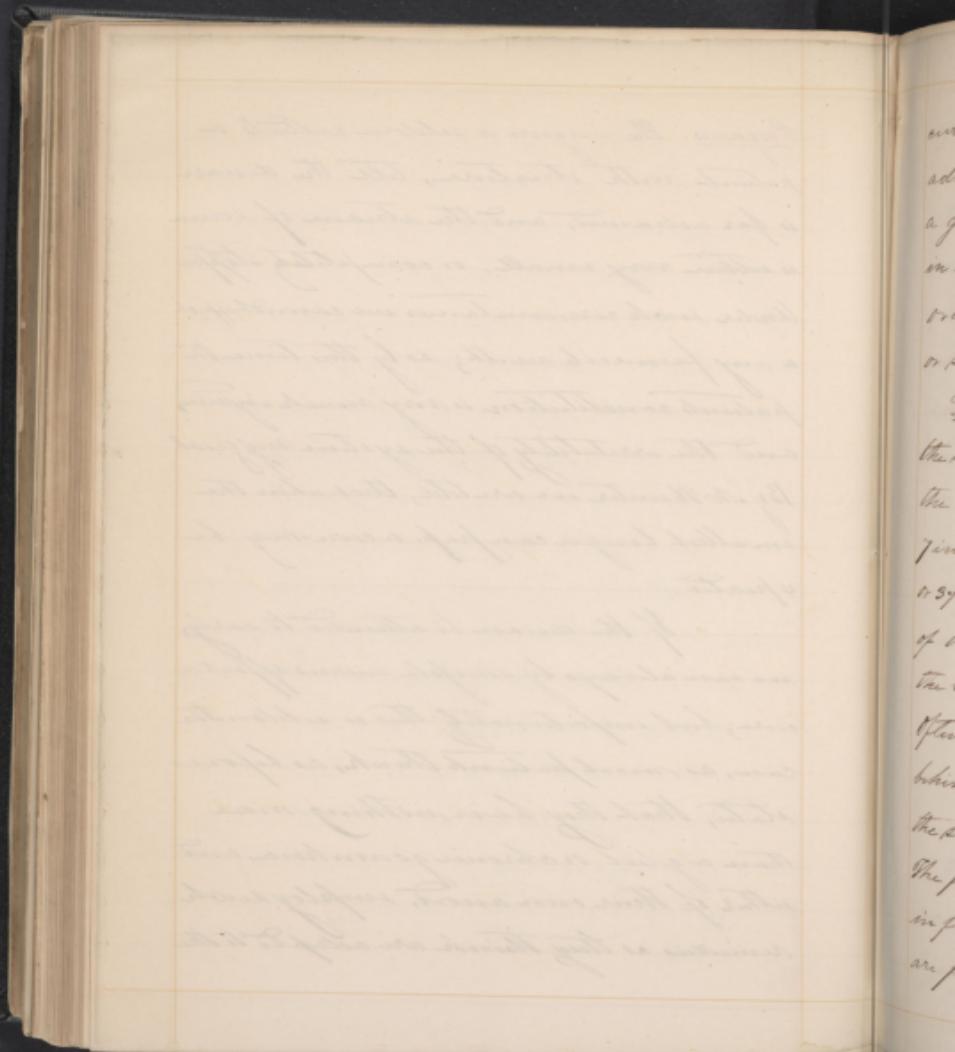
Diagnosis. The diagnosis of this disease
is very difficult. The affections with which
it is liable to be confounded are gonorrhœa,
stone in the bladder, swelling of the prostate &c.

Though many symptoms point
to it as distinguishing marks of this disease
yet I think none ought to be depended on; and
that we should rely only on an examination
which is so easily made and production of so
little pain, that no one can object to it. This
may be done by a common white red brucyis
or urethra sound of Mr. & Bell, which is said to be
better for this purpose, as it passes readily, and
detects any irregularity of the urethra; and
as many strictures may be found out at once
with this.

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Prognosis. The surgeon is seldom called to a patient with stricture, till the disease is far advanced, and the stream of urine is either very small, or completely stopped. Under such circumstances we cannot expect a very favorable result; as by this time the patient's constitution is very much injured, and the irritability of the system very great. By Dr Hunter we are told, that when the smallest foreign body can pass, a cure may be expected.

If the disease be attended to early, we can always by simple means effect a cure; but unfortunately this is seldom the case, as most patients think, as before stated, that they have nothing more than a slight or chronic gonorrhœa, and utter of their own accord, employ such remedies as they think are adapted to the



one of these, or apply to some surgeon for advice, respecting that which they think a glut. I think it would be well to examine in all cases which resist the use of the ordinary remedies for more than five or six weeks.

Urtication. On examination after death the stricture is generally found about, or below the bulk of the urethra, which is about 7 inches from the orifice, or at 4 or 5 inches & 3/4, or just within the orifice. The portion of the canal between the stricture and the bladder is very much enlarged and inflamed. Often a coat of congealed lymph is deposited behind the stricture, and sometimes close the seminal ducts, and mucous follicles. The prostate gland is sometimes very much inflamed, or ulcerated. Sometimes soft carb are found growing from the mucous coat.

of the urethra.

The Bladder is found contractive, and its coats thickened, and dark spots with small ruggit holes in the middle of them on the fundus. The urethra is contracted at the place where the stricture exists; sometimes it resembles a thread around the canal, sometimes this appears only on one side. In some cases the urethra is irregularly contracted, or thickened in several places; and four or five strictures exist.

Treatment. Having ascertained the nature number and situation of the strictures, by the means pointed out in the diagnosis, we must next proceed to the cure of the disease.

There are three ways which have been recommended for the cure of stricture. By a loupe, caustic, and steel. By the

and the whole world
is made to live in it and
to bring the world to a standstill
but now when it comes to
destroying the world it is
done with a suddenness and
a violence that makes man's
imagination stagger. When we
have planted a tree we do not
imagine that it will grow

and we do not dream
of cutting it down. But when
we plant a bomb we do not
imagine that it will grow
and make destruction with its fall
but we do not dream of it either
so little does man expect

Kemler, it was supposed that a permanent cure could not be effected, by the use of bougies; but, I believe, it is now generally admitted that if the case be a recent one, it is the least painful and simplest mode of curing them.

This method is considered altogether much more gentle, the bougie acting like a wedge, simply dilating the stricture, Mr Kemler ^{says} to act also by exciting ulceration in the strictured part; but this is seldom indeed unless unnecessary violence be used in the introduction of the bougie which was formerly often done.

The bougies usually employed are wax, gum elastic, whale bone, and flexible metal. The wax bougie, I think, should in all cases be employed in the commencement of the treatment with bougies, as they are certainly, when well oiled, produc-

and a few days you are to attend
the meeting of the Society of Friends
and then you will be ready to go
to the quiet of some desolate village
and there, because it is hard to
get and get away to such
distances without the guides of your
relatives you are to remain there
and not be disturbed by the
noise and bustle of the town
or any other place where you
are exposed to the world.
and then take every opportunity
of getting you into society
and if you are to go to any
place where you are to be alone
it is better you are to go to a
country place than a city or town.

ster of as little pain or irritation as any cutlery
of sufficient consistence capable of being
made to enter the urethra. Though in some
instances, they will be sufficient to effect a
cure, yet after using them for sometime
they seem from their softness, to have little
effect on the structure, and it becomes nece-
ssary to use those of a firmer consistence; for
this purpose, the whale bone or gum
elastic should be used, the former is the
best where the structure is very callous.

As to the flexible metallic bougie I think
it should never be used to the exclusion
of the others; as it yields too little to any
irregularity in the urethra, and pro-
duces great irritation in its introduction.

The smallest size bougie, it appears
to me, ought never to be used. For where
the canal is so small as to prevent the intro-

duction of a common size bougie, other means should be resorted to, as those, it is admitted, are often the cause of a false passage than the stricture itself.

Nothing can be more dangerous in the hands of a patient or surgeon, who is not acquainted with the anatomy of the part or not accustomed to the introduction of bougies, than a small sharp pointed bougie. Patients who are suffered to introduce the bougie themselves (which they can often do better than the surgeon himself) are generally under the impression that the smaller the bougie, the more easily it can be introduced. And by their many ineffectual attempts, they cause great irritation and thus aggravate the disease. It will be found in nine out of ten cases, that a large bougie

The wind was very strong
and it was difficult to get about
in the boat. We were soon
over the first ridge and came
out into a large bay. The water
was very rough and choppy.
We continued on down the coast
and eventually reached a small
cove where we stopped for the
night. The water was very
calm here and we were able
to anchor our boat securely.
We spent the night in the boat,
but it was a very uncomfortable
experience due to the strong
wind and cold water.

can be made to pass the stricture with much more ease, than one of the smallest size. The difficulty of passing a small bougie along the urethra is owing to its entering the lumen which is not in every part of it.

Bougies ought always to be introduced while the patient is in bed; and the patient confined there, all the time it is in the urethra. This, I think, is of great importance, and should always be insisted on; as patients who experience little pain from the stricture and no inconvenience from the bougie are not willing to be confined to their beds and frequently withdraw the bougie too soon or rise with it in the urethra thereby creating great pain and irritation.

Bougies should be well oiled before their introduction; but care should be

taken not to suffer too much of the oil to remain on them, which is apt to be the case in cold weather, when it is thick and tenacious. Until this precaution be taken, the oil may remain or collect in the urethra and form an abscess which happened in a case of Dr. G. H. Harris.

Mr. Hunter tells us that when there is any difficulty in introducing the bougie in the first instance, to push it down to the stricture, and suffer it to remain a short time, and by closing this two or three times, we may succeed in passing the stricture. He also in some instances succeeds, by pulling the perineum; this he supposes acts sympathetically, taking off the spasm from the stricture.

The size of the bougie

should be gradually increased until
one of the natural size of the urethra
can be passed with ease. This increasing
some instances, must be very gradual, in
others one of the size of the urethra may
be passed in a few days.

The bougie should not
remain in the urethra longer than two
three minutes, if it cause much pain or
irritation. But this irritation, which is
at first sometimes very great, gradually
ceases, and then the bougie should remain
in for two or three hours,

Both the lunar
and vegetable caustic have been very
much praised by some and condemned
by others. Upon the whole, I think, the
caustic a dangerous remedy, and would
never resort to it, when other means

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business and you
will find them
as good and
reliable agents
as could be found.
They are well
qualified for their
position and will
give you every
attention and care
and the best
service and I hope they will
make you and your
family happy and
contented.

were in my power.

The mode of applying the caustic is, first to introduce a common waxy bougie, and carry it down to the stricture; another bougie is then taken, in the end of which a piece of caustic is introduced, this is carried down, as far as the first bougie and kept in contact with the stricture for one or two minutes, or a shorter time if it produce much irritation. This operation may be repeated in one or two days, but not until the effects of the first application have subsided.

What I am using
the holi purum, covers the end of the
bougie with a little lead to prevent the
caustic from acting on any part until
it comes in contact with the stricture.

Trustless, invented by Dr. Physick, it +

the ground was very hard
and it was difficult to get a
good grip on it. I had to
use my hands to move around
and it was very tiring. I
had to climb over rocks and
through bushes. It was
very dangerous because there
were many snakes and
insects. I had to be
careful not to step on them.
I also had to be
careful not to fall off the
cliffs. It was a very
dangerous place to be.

appears to me, can always supersede the use of the caustic, and is certainly much more within our control. For when a caustic is applied to any part, whose effects are not visible; is it not probable that it may act on parts which we do not intend it to touch, and which it is almost impossible for us to avoid. Certainly Dr P's instrument in the hands of a surgeon acquainted with the nature and situation of the stricture, which he wishes to divide, and anatomy of the parts, is as safe an instrument as the forceps in the hands of a coucheur. This instrument has been condemned by some, but if we are to judge of a true fit-pat, it must certainly be admitted that this is one of the greatest improvements in the management of strictures, as it

Aug 19 - 1863
The day was very warm and humid and the sun beat down upon us. We were all dressed in light clothing and the heat was oppressive. We stopped at a small stream to wash and cool off. The water was cold and refreshing. After washing we continued on our way. The road was rough and rocky. We had to stop frequently to clear the way. The horses were getting tired and we had to encourage them. We finally reached our destination at dusk.

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the many operations performed by Dr. Physick and Gibson, I have not heard of a single failure, and not even a bad symptom resulting.

By Hunter, Home, Bell and Whately it is admitted that many evil consequences sometimes result from the application of caustic, and the many restrictions laid down by Whately who has written a work on the employment of caustic for strictures, and on which he principally relies, would in nine out of ten cases, preclude its use altogether.

If we cannot pass a bougie or if this has failed to effect a cure, and caustic be prohibited, what are we to resort to? I think it will be at once admitted that the only plan to be pursued under such

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circumstances, is to divide the stricture with the stilet. This instrument consists of a lancet concealed in a canula. It is carried down to the stricture and as soon as the end of the canula comes in contact with the stricture, the lancet is carried forward and it is divided. There is little difficulty in dividing the stricture if it be anterior to the bulk of the urethra, but if at the bulk it is not so easily done.

But even admitting that a small wound be made in the urethra, it would heal in most instances, by the first intention, which we know would not be the case if the cause were applied to any other part than the stricture.

After cutting through the

under the ground is undivided
and mixed with sand and
dunes in the marshy parts
but where it is not mixed with
sand it is sandy soil
the sand is fine and
well sorted and
well stratified often
with thin layers of

black mud
A layer of black mud is often
deposited here by water or
wind currents kept by wind
water currents often form in
the marshy parts of the soil

paper
or

stricture, a flexible gum catheter should be introduced, and suffered to remain in the bladder for four or five weeks, and to prevent the stricture from closing after taking out the catheter introduce a wet bougie.

The best method says Dr. Derry of treating spasmodic stricture, is to apply caustic, and during the spasm bleed freely, use opium, warm bath and sometimes emetics, a bougie of tobacco has been used to relieve spasm.

Anus-dilator on account of its being so complicated and expensive no advantage over the bougie is seldom resorted to.

If an unnatural passage be formed, either by the caustic or bougie, and the stricture remains

previous we ought to use a larger bougie than the one by which this unnatural road was formed, and particular care must be taken to bind the bougie in an opposite direction the passage it must also be introduced very gently and gradually.

For little attention, I think, is generally paid to the regimen & diet of the patients who will, unless particularly cautioned against it indulge in every luxury his appetite or inclination may indicate. As long as the patient permits to go on in this way the stricture will continue irritable and more difficult to cure.

The diet of a patient with strictures should consist of the lightest articles of diet. No fruits of any kind should be allowed nor confectionary or acids.

Since writing this page I have seen a very ingenious instrument for dividing strictures

invited by my friend Mr. Chou

Y
Pn